

Reference Inquiry for Guidance Counselor/Teacher

UNC Rockingham Health Care Youth Volunteer Program

Each applicant must complete at least two reference inquiries. This reference inquiry must be completed by a current teacher or guidance counselor. If returned to the student, the reference inquiry must be in a sealed, signed envelope.

Student's Name _____ Current Grade _____

Personal Evaluation of Applicant

Yearly Letter Grade Average: _____ (Any F's? _____)

Number of Days Absent, Current School Year: _____

Number of Days Tardy, Current School Year: _____

Please list and explain any behavioral/conduct issues, as well as any documented instances of the applicant being sent to ISS or OSS, or being written up for any reason:

Would you recommend that we accept this applicant? Yes _____ No _____

Please briefly describe why you would recommend this applicant:

Signature

Title

Contact Number

School

Thank you for helping make this opportunity available to your students. Please send this completed form to UNC Health Rockingham Volunteer Services, 117 E. Kings Highway, Eden, NC 27288 by April 30.

****If this form is given back to the student to turn in please place in a sealed envelope with signature on flap.**